TO REVOCATION AN	97 OR PARTNERSHIP WI D \$500 PENALTY FEE	TE RE SU	IRJEĆI				
LIMITED MERSHP ANNUAL REPORT 1998	FLOUIS A DEPARTMENT OF SEATE Wireless Mirroana Secretary of State DIVISION OF CORPORATIONS			NEW PARTNETTED SECRETARY OF STATE OHVISION OF CORPORATIONS			
1. Name of Limited Partnership	1a. DOCUMENT # 897000000183			98 FEB 13 AM 8: 17			
IDANCING BEAR Paine	C LIMITED PARTI	NERSHI	P				
Mailing Address	Principal Office Address			3. Data Formed or Registered 5a Capital Contributions as Shown on record.			
33 NORTH GARDEN AVENUE. SUITE 750 CLEARWATER FL 34615	33 NORTH GARDEN AVENUE. SUITE 750 CLEARWATER FL 34615		3	A Date of Last Report	200,000,000		
				State or Country of Formation 5b. Amount of Capital Contributions in FLORIDA to date:			
2. Mailing Address	2a. Principal Office Address	28. Principal Office Address		DE 1,8		00,000	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6	6. FFI Number		applied For	
City & State	City & State		7	Certificate of Status Desired	<u> </u>	Not Applicable \$8.75 Additional	
Zip Country	Zip	Country	8	Make check payable to: Dept. of S	tate (See reve	Fee Required ree side for fee information)	
9. Name and Address of Current Registered Agent 10. If changed, new Registered Agent/Office							
ROHLACK RONNIDJ BRANDON MARION			000 (D.O. Bau b	Lumbra In Mar A acceptable)			
33 NORTH GARDEN AVENUE, SUITE 750 CLEARWATER FL 34615		Street Address (P.O. Box Number is Not Acceptable) 700024454771 Suite, Apt. *, etc03/04/9801021007					
CLEARWAIER PL 34019	City			****541.25 ****541.25			
10a.) Pursuant to the provisions of sections 620.1051 and 62							
for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 220 192, Florida Statutes.							
SIGNATURE (Registered Agent Accepting Appointment)	() lawy	100	MAN	DATE_	2/		
A GENERAL PARTNER THAT IS MUST	BE REGISTERED ANI	O ACTIV	PARTNI E WITH	ERSHIP OR OTHER THIS OFFICE.	R BUSIN	IESS ENTITY	
11. Name(s) of General Partner(s)	11a. Address of Each General	Partner (Numbers)	11b.	City, State & Zip Code	11c.	Registration/ Document Number	
BULLDOG CAPITAL MANAGEMENT,	33 NORTH GARDEN AVENU		CLEARWATER FL 34615		89800000008		
						\	
				312/13/98 KWM			
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner. 12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of							
Obsporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my spatial settings are the same legal effects as if made under oath. I turther certify that I am a General Partner of the limited partnership, receiver or trustee erapowered to execute this report as required by chapter 620, lierids situes.							
SIGNATURE JULIAN	TYVUVU	<u> </u>		DATÉ		2/97	
Typed or Printed Name of General Partner Signing Form BRANDON MARNON Daytime Telephone Number 813 - 298 - 5912							